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6 **BEFORE THE**
7 **BOARD OF REGISTERED NURSING**
8 **DEPARTMENT OF CONSUMER AFFAIRS**
9 **STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. 2011-565

11 **YUJUN JANE LAO**
12 **11321 West Tonto Street**
13 **Avondale, AZ 85323**
14 **Registered Nurse License No. 722978**

DEFAULT DECISION AND ORDER

[Gov. Code, §11520]

Respondent.

15 **FINDINGS OF FACT**

16 1. On or about December 23, 2010; Complainant Louise R. Bailey, M.Ed., RN, in her
17 official capacity as the Executive Officer of the Board of Registered Nursing, Department of
18 Consumer Affairs, filed Accusation No. 2011-565 against Yujun Jane Lao (Respondent) before
19 the Board of Registered Nursing. (Accusation attached as Exhibit A.)

20 2. On or about March 17, 2008, the Board of Registered Nursing (Board) issued
21 Registered Nurse License No. 722978 to Respondent. The Registered Nurse License was in full
22 force and effect at all times relevant to the charges brought herein and will expire on March 31,
23 2012, unless renewed.

24 3. On or about December 23, 2010, Respondent was served by Certified and First Class
25 Mail copies of the Accusation No. 2011-565, Statement to Respondent, Notice of Defense,
26 Request for Discovery, and Discovery Statutes (Government Code sections 11507.5, 11507.6,
27 and 11507.7) at Respondent's address of record which, pursuant to Business and Professions

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Code section 136 and/or agency specific statute or regulation, is required to be reported and maintained with the Board, which was and is:

11321 West Tonto Street
Avondale, AZ 85323.

4. Service of the Accusation was effective as a matter of law under the provisions of Government Code section 11505, subdivision (c) and/or Business & Professions Code section 124.

5. On or about January 24, 2011, the First Class Mail was returned by the U.S. Postal Service marked "Unclaimed." The Certified Mail has not been returned.

6. Government Code section 11506 states, in pertinent part:

(c) The respondent shall be entitled to a hearing on the merits if the respondent files a notice of defense, and the notice shall be deemed a specific denial of all parts of the accusation not expressly admitted. Failure to file a notice of defense shall constitute a waiver of respondent's right to a hearing, but the agency in its discretion may nevertheless grant a hearing.

7. Respondent failed to file a Notice of Defense within 15 days after service upon her of the Accusation, and therefore waived her right to a hearing on the merits of Accusation No. 2011-565.

8. California Government Code section 11520 states, in pertinent part:

(a) If the respondent either fails to file a notice of defense or to appear at the hearing, the agency may take action based upon the respondent's express admissions or upon other evidence and affidavits may be used as evidence without any notice to respondent.

9. Pursuant to its authority under Government Code section 11520, the Board finds Respondent is in default. The Board will take action without further hearing and, based on the relevant evidence contained in the Default Decision Evidence Packet in this matter, as well as taking official notice of all the investigatory reports, exhibits and statements contained therein on file at the Board's offices regarding the allegations contained in Accusation No. 2011-565, finds that the charges and allegations in Accusation No. 2011-565, are found to be true and correct by clear and convincing evidence.

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10. Taking official notice of its own internal records, pursuant to Business and Professions Code section 125.3, it is hereby determined that the reasonable costs for Investigation and Enforcement is \$482.50 as of January 31, 2011.

DETERMINATION OF ISSUES

1. Based on the foregoing findings of fact, Respondent Yujun Jane Lao has subjected her Registered Nurse License No. 722978 to discipline.

2. The agency has jurisdiction to adjudicate this case by default.

3. The Board of Registered Nursing is authorized to revoke Respondent's Registered Nurse License based upon the following violations alleged in the Accusation which are supported by the evidence contained in the Default Decision Investigatory Evidence Packet in this case:

a. Respondent engaged in unprofessional conduct in violation of Business and Professions Code section 2761, subdivision (a)(4), in that she was disciplined by the Arizona State Board of Nursing ("Arizona Board"), as follows: On or about October 1, 2009, pursuant to Consent Agreement and Order No. 0905070 in the disciplinary proceeding titled "*In the Matter of Registered Nurse License No. RN145229 Issued to: Yujun Jane Lao*", the Arizona Board suspended Respondent's license for an indefinite period pending her successful completion of certain Board approved course work, followed by probation for 24 months on terms and conditions.

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ORDER

IT IS SO ORDERED that Registered Nurse License No. 722978, heretofore issued to Respondent Yujun Jane Lao, is revoked.

Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a written motion requesting that the Decision be vacated and stating the grounds relied on within seven (7) days after service of the Decision on Respondent. The agency in its discretion may vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.

This Decision shall become effective on April 22, 2011.

It is so ORDERED March 22, 2011.



FOR THE BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS

10660458.DOC
DOJ Matter ID:SA2010102420

Attachment:
Exhibit A: Accusation

Exhibit A

Accusation

EDMUND G. BROWN JR.
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ALFREDO TERRAZAS
Senior Assistant Attorney General
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Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 2011-565

YUJUN JANE LAO
11321 West Tonto Street
Avondale, AZ 85323
Registered Nurse License No. 722978

ACCUSATION

Respondent.

Complainant alleges:

PARTIES

1. Louise R. Bailey, M.Ed., RN ("Complainant") brings this Accusation solely in her official capacity as the Executive Officer of the Board of Registered Nursing ("Board"), Department of Consumer Affairs.

2. On or about March 17, 2008, the Board issued Registered Nurse License Number 722978 to Yujun Jane Lao ("Respondent"). Respondent's registered nurse license was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2012, unless renewed.

STATUTORY PROVISIONS

3. Business and Professions Code ("Code") section 2750 provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive

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1 license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing
2 Practice Act.

3 4. Code section 2764 provides, in pertinent part, that the expiration of a license shall not
4 deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or
5 to render a decision imposing discipline on the license. Under Code section 2811, subdivision
6 (b), the Board may renew an expired license at any time within eight years after the expiration.

7 5. Code section 2761 states, in pertinent part:

8 The board may take disciplinary action against a certified or licensed
9 nurse or deny an application for a certificate or license for any of the following:

10 (a) Unprofessional conduct, which includes, but is not limited to, the
11 following:

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13 (4) Denial of licensure, revocation, suspension, restriction, or any other
14 disciplinary action against a health care professional license or certificate by another
state or territory of the United States, by any other government agency, or by another
California health care professional licensing board. A certified copy of the decision
or judgment shall be conclusive evidence of that action . . .

15 COST RECOVERY

16 6. Code section 125.3 provides, in pertinent part, that the Board may request the
17 administrative law judge to direct a licensee found to have committed a violation or violations of
18 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
19 enforcement of the case.

20 CAUSE FOR DISCIPLINE

21 **(Disciplinary Action by the Arizona State Board of Nursing)**

22 7. Respondent is subject to disciplinary action pursuant to Code section 2761,
23 subdivision (a)(4), on the grounds of unprofessional conduct, in that she was disciplined by the
24 Arizona State Board of Nursing ("Arizona Board"), as follows: On or about October 1, 2009,
25 pursuant to Consent Agreement and Order No. 0905070 in the disciplinary proceeding titled "In
26 the Matter of Registered Nurse License No. RN145229 Issued to: Yujun Jane Lao", the Arizona
27 Board suspended Respondent's license for an indefinite period pending her successful completion
28 of certain Board approved course work, followed by probation for 24 months on terms and

1 conditions. A true and correct copy of Consent Agreement and Order No. 0905070 is attached as
2 Exhibit A and incorporated herein. Respondent admitted the Board's Findings of Fact, including
3 the following:

4 a. On or about September 16, 2007, to April 21, 2009, Respondent was employed by
5 Banner Good Samaritan Medical Center ("Banner"), Phoenix, Arizona, as a staff nurse.

6 b. On or about April 11, 2009, MC, 74 years old, was admitted to Banner with new
7 onset stroke. MC presented with left side weakness and neglect, swallowing difficulties,
8 difficulty with verbal communication, and headaches.

9 c. On or about April 12, 2009, MC appeared drowsy. Respondent attributed MC's
10 drowsiness to frequent and prolonged visitation with family during the day shift as per the change
11 of shift report.

12 d. On or about April 13, 2009, at 12:00 a.m., Respondent performed her assessment and
13 noted "no changes" to MC's neurological status. During a Board interview on July 9, 2009,
14 Respondent stated, "it became apparent to me the patient was getting drowsier."

15 e. On or about April 13, 2009, at 4:00 a.m., Respondent's electronic physical assessment
16 form stated that there were no changes to MC's neurological status.

17 f. On or about April 13, 2009, at 5:00 a.m., Respondent's neurological assessment, per
18 National Institute of Health (NIH) standard, in part rated MC as stuporous/obtunded, responds
19 only to painful stimuli with complete paralysis.

20 g. On or about April 13, 2009, at 7:15 a.m., Respondent gave report to the oncoming
21 nurse. Respondent noted that she had to perform a sternal rub to arouse MC. Respondent stated,
22 "No the physician was not called because the stroke is getting larger and there was nothing that
23 could be done for MC".

24 h. On or about April 13, 2009, at 8:00 a.m., MC was taken for a stat CT and then
25 transferred to the Neuro Intensive Car Unit. The CT showed a 12 mm right to left shift of the
26 brain from midline.

27 i. On or about April 13, 2009, at 10:50 a.m., MC died in the Neuro Intensive Care Unit.

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j. In a Board interview on July 9, 2009, Respondent stated she believed the patient was sleeping, but documented that the patient was actually declining in neurological functioning on the 5:00 a.m. NIH stroke assessment. Respondent stated that she checked MC the appropriate amounts of time and that "she seemed to be doing okay, but I guess she was not sleeping and I should have called the doctor".

k. Respondent practiced outside her nursing scope of practice by forming a medical opinion/independent assertion that the patient "could not be helped because MC was beyond that period for TPA". Respondent failed to notify a physician regarding MC's condition, thereby delaying treatment until 8:00 a.m. on April 13, 2009.

1. On or about June 24, 2009, Jody Runge, Clinical Manager for Banner, stated to Board staff that Respondent was terminated on April 21, 2009, because she failed to take responsibility for her lack of action regarding the incident.

m. Respondent's human resource file revealed a pattern of counseling regarding her nursing practice:

1. On or about July 19, 2007, Respondent failed to notify the attending physician regarding a post-surgical patient's condition. The patient's condition warranted transfer to the Intensive Care Unit.

2. On or about August 21, 2007, Respondent failed to report critical labs on four separate patients to physicians. Respondent's coworkers stated that Respondent repeatedly does not call labs to doctors and chronically leaves things for the day shift.

3. On or about November 14, 2007, Respondent received a corrective action after failing to follow policy and procedure by providing an accurate report to oncoming nurses.

4. On or about December 11, 2007, Respondent received a corrective action after failing to follow policy and procedure for blood transfusion. Respondent instructed a new graduate that blood tubing could hang for eight hours instead of four hours. The patient had a reaction to the transfusion and the prolonged hanging of the blood tubing could not be ruled out as a contributing factor.

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n. In or about June 2009, Respondent provided false statements on an application for employment to Phoenix St. Luke's Medical Center. Respondent stated that she was laid off from Banner. Respondent repeated the same statement during an interview with Carol Lofton, the Clinical Manager at Phoenix St. Luke's Medical Center.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking or suspending Registered Nurse License Number 722978, issued to Yujun Jane Lao;
2. Ordering Yujun Jane Lao to pay the Board of Registered Nursing the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;
3. Taking such other and further action as deemed necessary and proper.

DATED: _____

12/23/10

Louise R. Bailey
LOUISE R. BAILEY, M.ED., RN
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

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EXHIBIT A

Consent Agreement and Order No. 0905070

BEFORE THE ARIZONA STATE BOARD OF NURSING

IN THE MATTER OF REGISTERED)
NURSE LICENSE NO.: RN145229)
ISSUED TO:)
YUJUN JANE LAO)
RESPONDENT)

CONSENT AGREEMENT
AND
ORDER NO. 0905070

CONSENT AGREEMENT

A complaint charging YUJUN JANE LAO ("Respondent") with violation of the Nurse Practice Act has been received by the Arizona State Board of Nursing ("Board"). In the interest of a prompt and speedy settlement of the above-captioned matter, consistent with the public interest, statutory requirements and the responsibilities of the Board, and pursuant to A.R.S. § 41-1092.07 (F)(5), the undersigned parties enter into this Consent Agreement as a final disposition of this matter.

Based on the evidence before it, the Board makes the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

1. Respondent is the holder of registered nurse license no. RN145229 in the State of Arizona.
2. On or about May 26, 2009, the Board received a complaint against Respondent's license from Jody Runge, Senior Clinical Manager for Banner Good Samaritan Medical Center stating Respondent failed to notify a physician of a significant change in neurological status of patient MC. Based on the complaint, the board conducted an investigation.
3. On or about September 16, 2007 to April 21, 2009, Respondent was employed by Banner Good Samaritan Medical Center, Phoenix Arizona, as a staff nurse, according to

Respondents employment files and Medical Record #1488654 and confirmed through Board investigations:

4. On or about April 11, 2009, at 4:36 p.m.: Seventy four year old MC was admitted to Banner Good Samaritan Medical Center with new onset stroke. MC presented with left side weakness and neglect, swallowing difficulties, difficulty with verbal communication and headaches.

5. On or about April 12, 2009, at 8:00 p.m.: According to Respondent, MC appears drowsy: Respondent attributed drowsiness to frequent and prolonged visitation with family during day shift, as told per change of shift report.

6. On or about April 13, 2009, at 12:00 a.m.: Respondent performs her assessment and notes "no changes" to MC's neurological status. During Board interview on July 9, 2009, Respondent stated, "it became apparent to me the patient was getting drowsier".

7. On or about April 13, 2009, at 400 a.m.: Respondent's electronic physical assessment form again states no changes to MC neurological status.

8. On or about April 13, 2009, at 500 a.m.: Respondent neurological assessment, per National Institute of Heal (NIH) standard, in part rated MC as stuporous/obtunded, responds only to painful stimuli with complete paralysis.

9. On or about April 13, 2009, at 715 a.m.: Respondent gives report to oncoming nurse. Respondent notes, she had to perform a sternal rub to arouse MC. Respondent stated, "No the physician was not called because the stroke is getting larger and there was nothing that t could be done for MC".

10. On or about April 13, 2009, at 800 a.m.: MC is taken for a stat CT and then transferred to Neuro Intensive Care Unit. CT showed a 12mm R to L shift of the brain from midline.

11. On or about April 13, 2009, at 10:50 a.m.: MC dies in the Neuro Intensive Care Unit.

12. In a Board interview on July 9, 2009, Respondent stated she believed patient was sleeping but documented patient was actually declining in neurological functioning on the 500 am National Institute of Health stroke assessment. Respondent stated Respondent checked MC the appropriate amounts of time and "she seemed to be doing okay", according to Respondent, "but I guess she was not sleeping and I should have called the doctor".

13. Respondent practiced outside nursing scope of practice by forming a medical opinion/independent assertion that patient "could not be helped because MC was beyond the period for tPA". Respondent failed to notify a physician regarding MC condition, thereby delaying treatment until 0800 a.m. on April 13, 2009.

14. On or about June 24, 2009, Jody Runge, Banner Good Samaritan Medical Center, Clinical Manager, stated to Board staff, Respondent was terminated on April 21, 2009 because she failed to take responsibility for her lack of actions regarding the incident. Respondent is ineligible for rehire.

15. Review of Respondent's human resource file found additional patterns of counseling's concerning nursing practice:

a. On or about July 19, 2007, Respondent failed to notify attending physician regarding a post-surgical patient's condition. The patient's condition warranted transfer to Intensive Care Unit.

b. On or about August 21, 2007, Respondent failed to report critical labs on four separate patients to physicians. Respondent's coworkers state that Respondent repeatedly does not call labs to doctors and chronically leaves things for day shift.

c. On or about November 14, 2007, Respondent received a corrective action after failing to follow policy and procedure by providing an accurate report to oncoming nurses.

d. On or about December 11, 2007, Respondent received a corrective action after failing to follow policy and procedure for blood transfusion. Respondent instructed a new graduate that blood tubing could hang for eight hour instead of four hours. The patient had a reaction to the transfusion and the prolonged hanging of the blood tubing could not be ruled out as a contributing factor.

16. On or about June of 2009, Respondent provided false statements on an application for employment to Phoenix St. Luke's Medical Center. Respondent stated she was laid off from Banner Good Samaritan Medical Center. Respondent repeated same statements during interview process wit Carol Lofton, the Clinical Manager at Phoenix St. Luke's Medical Center.

CONCLUSIONS OF LAW

1. Pursuant to A.R.S. §§ 32-1606, 32-1663 and 32-1664, the Board has subject matter and personal jurisdiction in this matter.

2. The conduct and circumstances described in the Findings of Fact constitute violations of A.R.S. § 32-1601 (16) (d) and (j), and A.A.C. R4-19-403 (1), (2), (5), (7), (8a), (9), (12), (27), and (31) (adopted effective February 2, 2009).

3. The conduct and circumstances described in the Findings of Fact constitute sufficient cause pursuant to A.R.S. § 32-1664(N) to revoke, suspend or take other disciplinary action against Respondent's license to practice as a registered nurse in the State of Arizona.

Respondent admits the Board's Findings of Fact and Conclusions of Law.

In lieu of a formal hearing on these issues, Respondent agrees to issuance of the attached Order and waives all rights to a hearing, rehearing, appeal or judicial review relating to the Order except in the limited circumstance(s) specified in Paragraph 12 of this Order.

Respondent understands that all investigative materials prepared or received by the Board concerning these violations and all notices and pleadings relating thereto may be retained in the Board's file concerning this matter.

Respondent understands that the admissions in the Findings of Fact are conclusive evidence of a violation of the Nurse Practice Act and may be used for purposes of determining sanctions in any future disciplinary matter.

Respondent understands the right to consult legal counsel prior to entering into this Consent Agreement and such consultation has either been obtained or is waived.

Respondent understands that this Consent Agreement is effective upon its acceptance by the Board and by Respondent as evidenced by the respective signatures thereto. Respondent's signature obtained via facsimile shall have the same effect as an original signature. Once signed by Respondent, the Agreement cannot be withdrawn without the Board's approval or by stipulation between Respondent and the Board's designee. The effective date of this Order is the

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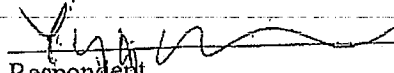
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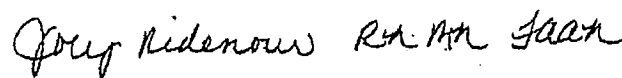
date the Consent Agreement is signed by the Board and by Respondent. If the Consent Agreement is signed on different dates, the later date is the effective date.


Respondent

Dated: 10/1/09

ARIZONA STATE BOARD OF NURSING

SEAL



Joey Ridenour, R.N., M.N., F.A.A.N.
Executive Director

Dated: August 4, 2009

HILL/RN145229.LAO

ORDER

In view of the above Findings of Fact, Conclusions of Law and the consent of Respondent, the Board hereby issues the following Order:

- A. Respondent's consent to the terms and conditions of the Order and waiver of public hearing is accepted.
- B. Respondent's license is placed on suspension for an Indefinite period pending successful completion of Board approved course work in Nursing Ethics with emphasis on Patient Advocacy, Professional Accountability and Legal Liability, Nurse Practice Act and Critical Thinking Skills course with terms and conditions, followed by probation for 24 months while employed in nursing (not less than sixteen hours a week), or until such time as Respondent has worked as a registered nurse in a probationary status for 24 months.

C. This Order becomes effective upon the Board and Respondent's acceptance of the Consent Agreement. The effective date of this Order is the date the Consent Agreement is signed by the Board and by Respondent. If the Consent Agreement is signed on different dates, the latter date is the effective date.

D. If Respondent fails to renew her license and it remains expired for two or more years, Respondent's license will automatically be revoked. Respondent waives the right to hearing, rehearing, appeal, or judicial review relating to this Order except in the limited circumstances specified in Paragraph 8 of the Order.

E. If Respondent is noncompliant with any of the terms of the Order during the 24-month probation portion of the Order, Respondent's noncompliance shall be reviewed by the Board for consideration of possible further discipline on Respondent's nursing license.

F. If Respondent is convicted of a felony, Respondent's license shall be automatically revoked for a period of five years. Respondent waives any and all rights to a hearing, rehearing or judicial review of any revocation imposed pursuant to this paragraph.

G. The Suspension is subject to the following terms and conditions:

TERMS OF SUSPENSION

1. **Surrender of License**

Within 7 days of the effective date of the consent agreement Respondent shall surrender the license to the Board and Respondent shall not practice nursing until successful completion of course work required in paragraph B of the Order. Violation of this paragraph is noncompliance with the Order.

2. **Ethical Aspects of Nursing**

Prior to termination of suspension, Respondent shall complete a Board approved educational course or program related to Nursing Ethics. The program must include Patient Advocacy. Prior to enrolling in the course the Respondent shall submit to the Board or this designee a course outline/objectives then provide written proof from the Prior to the termination of Suspension, Respondent shall submit to the Board or its designee for prior approval, a course outline/objectives of an educational course or program related to Ethical Aspects of Nursing. Respondent shall then provide written proof from the instructor or provider of the course verifying enrollment, attendance, and successful completion of each required course or program. Following the successful completion of each course or program, the Board or its designee may administer an examination to test Respondent's knowledge of the course or program content. The Board reserves the right to amend the Order based on the recommendation(s) of the course instructor.

3. Physical Assessment

Prior to the termination of Suspension, Respondent shall submit to the Board or its designee for prior approval, a course outline/objectives of an educational course or program related to Physical Assessment. Respondent shall then provide written proof from the instructor or provider of the course verifying enrollment, attendance, and successful completion of each required course or program. Following the successful completion of each course or program, the Board or its designee may administer an examination to test Respondent's knowledge of the course or program content. The Board reserves the right to amend the Order based on the recommendation(s) of the course instructor.

4. Professional Accountability and Legal Liability

Prior to the termination of Suspension, Respondent shall submit to the Board or its designee for prior approval, a course outline/objectives of an educational course or program related to Professional Accountability and Legal Liability. Respondent shall then provide written proof from the instructor or provider of the course verifying enrollment, attendance, and successful completion of each required course or program. Following the successful completion of each course or program, the Board or its designee may administer an examination to test Respondent's knowledge of the course or program content. The Board reserves the right to amend the Order based on the recommendation(s) of the course instructor.

5. Nurse Practice Act

Within 30 days of the effective date of this Order, Respondent shall access and complete the Nurse Practice Act Test, which is available at www.azbn.gov. Respondent will be furnished with a copy of the Nurse Practice Act to study before the test and use while taking the test. Respondent shall complete the test and achieve a score of not less than forty (40) in three or fewer attempts. Respondent shall ensure that all scores and testing attempts are submitted to the Monitoring Department at the Arizona State Board of Nursing. If Respondent fails to pass the NPA exam within 30 days of the effective date of this Order, Respondent's case will be returned to the Board for further review, and possible further action. The Board reserves the right to amend the Order based upon Respondent's ability to successfully pass the nurse Practice Act Test.

6. Release of Information Forms

Respondent shall sign all release of information forms as required by the Board or its designee and return them to the Board within 10 days of the Board's written request. Failure

to provide for the release of information, as required by this paragraph constitutes non-compliance with this Order.

7. Interview with the Board or its Designee

Respondent shall appear in person for interviews with the Board or its designee upon request at various intervals and with reasonable notice.

8. Renewal of License

In the event Respondent's registered nurse license is scheduled to expire while this Order is in effect, Respondent shall apply for renewal of the license, pay the applicable fee, and otherwise maintain qualification to practice nursing in Arizona.

9. Change of Employment/Personal Address/Telephone Number

Respondent shall notify the Board, in writing, within 7 days of any change in nursing employment, personal address or telephone number. Changes in nursing employment include the acceptance, resignation or termination or employment.

10. Obey all Laws

Respondent shall obey all federal, state and local laws, and all laws/rules governing the practice of nursing in this state. Offenses such as driving under the influence may subject Respondent to further disciplinary action, however, commission of minor civil traffic violations are excluded.

11. Costs

Respondent shall bear all costs of complying with this Order.

12. Violation of Suspension

If Respondent violates this Order in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke Respondent's license or take

other disciplinary action. If a complaint is filed against Respondent during suspension, the Board shall have continuing jurisdiction until the matter is final, and the period of suspension shall be extended until the matter is final.

13. Voluntary Surrender of License

Respondent may, at any time this Order is in effect, voluntarily request surrender of her license.

14. Completion of Suspension

Following successful completion of the terms of suspension, as determined by the Board or its designee, Respondent's license shall be placed on probation for 24 months while employed in nursing. Respondent shall work as a registered nurse not less than sixteen hours a week subject to the following terms and conditions:

TERMS OF PROBATION

1. Stamping of License

Upon successful completion of the terms of suspension, as determined by the Board or its designee, Respondent shall be issued a license stamped "PROBATION." While this Order is in effect, if the Board issues any certificates or licenses authorized by statute, except a nursing assistant certificate, such certificate or license shall also be stamped "probation". Respondent is not eligible for a multistate "Compact" license.

2. Notification of Practice Settings

Any setting in which Respondent accepts employment, which requires RN licensure, shall be provided with a copy of the entire Order on or before the date of hire. Within seventy-two hours of Respondent's date of hire, Respondent shall cause her immediate supervisor to inform the Board, in writing and on employer letterhead, acknowledgment of the

supervisor's receipt of a copy of this Consent Agreement and Order and the employer's ability to comply with the conditions of probation. In the event Respondent is attending a nursing program, Respondent shall provide a copy of the entire Consent Agreement and Order to the Program Director. Respondent shall cause the Program Director to inform the Board, in writing and on school letterhead, acknowledgment of the program's receipt of a copy of the Consent Agreement and Order and the program's ability to comply with the conditions of probation during clinical experiences.

3. Quarterly Reports

Within thirty days of the effective date of this Order, and monthly for the first six months and then quarterly for the remaining eighteen months, the Respondent shall within 7 days of each assigned quarterly reporting due date if Respondent is working in any position which requires RN licensure Respondent shall cause every employer Respondent has worked for during the quarter to provide to the Board, in writing, employer evaluations on the Board-approved form. The first report is due on the first assigned quarterly report due date after the effective date of the Order. Receipt of notice of an unsatisfactory employer evaluation, verbal or written warning, counseling or disciplinary action any of which pertain to patient care practice issues, or termination from a place of employment shall be considered as noncompliance with the terms of the Order. In the event Respondent is not working in a position which required RN licensure, or attending school during any quarter or portion thereof, Respondent shall provide to the Board, in writing, a self-report describing other employment or activities on the Board-approved form. Failure to provide employer evaluations/or self-reports within 7 days of the reporting date shall be considered as noncompliance with the terms of the Order.

4. Practice Under Direct Supervision

Respondent shall practice as a registered nurse, only under the direct supervision of a registered nurse in good standing with the Board. Direct supervision is defined as having a registered nurse present on the same unit with the Respondent whenever Respondent is practicing as a registered 24 months of employment. The supervising nurse shall have read this Consent Agreement and Order to include the Findings of Fact and Conclusions of Law, and Order, and shall provide input on Respondent's employer evaluations to the Board. The supervising nurse shall be primarily one person, who may periodically delegate to other qualified personnel, who shall also have read this Consent Agreement and Order to include Findings of Fact, Conclusions of Law. In the event that the assigned supervising nurse is no longer responsible for the supervision required by this paragraph, Respondent shall cause her new supervising nurse to inform the Board, in writing and on employer letterhead, acknowledgment of the new supervisor's receipt of a copy of this Consent Agreement and Order to include the Findings of Fact and Conclusions of Law and the new supervising nurse's agreement to comply with the conditions of probation within ten days of assignment of a new supervising nurse.

5. Acceptable Hours of Work

Respondent can continue to work night shift at current employer, Phoenix St. Lukes Telemetry Unit. Night shift is prohibited if Respondent changes employer. Within a 14-day period Respondent shall not work more than 84 scheduled hours.

Respondent may work three 12-hour shifts in one seven day period and four 12-hour shifts in the other seven-day period, but Respondent may not work more than 3 consecutive 12-hour shifts during this probationary period. Failure to comply with the provisions of this paragraph shall be considered as noncompliance with the terms of the Order.

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6. Registry Work Prohibited

Respondent may not work for a nurse's registry, home health, traveling nurse agency, any other temporary employing agencies, or float-pool during the period of probation.

7. Out-of-State Practice/Residence

Before any out-of-state practice or residence can be credited toward fulfillment of these terms and conditions, it must first be approved by the Board prior to leaving the state. If Respondent fails to receive such approval before leaving the state, none of the time spent out-of-state will be credited to the fulfillment of the terms and conditions of this Order.

8. Release of Information Forms

Respondent shall sign all release of information forms as required by the Board or its designee and return them to the Board within 10 days of the Board's written request. Failure to provide for the release of information, as required by this paragraph constitutes non-compliance with this Order.

9. Interview With the Board or Its Designee

Respondent shall appear in person or if residing out of state telephonically for interviews with the Board or its designee upon request at various intervals and with reasonable notice.

10. Renewal of License

In the event the license is scheduled to expire during the term of this Order, Respondent shall apply for renewal of the license, pay the applicable fee, and otherwise maintain qualification to practice nursing in Arizona.

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11. Change of Employment/Personal Address/Telephone Number

Respondent shall notify the Board, in writing, within 7 days of any change in nursing employment, personal address or telephone number. Changes in nursing employment include the acceptance, resignation or termination or employment.

12. Obey All Laws

Respondent shall obey all laws/rules governing the practice of nursing in this state and obey all federal, state and local criminal laws. Respondent shall report to the Board, within 10 days, any misdemeanor or felony arrest or conviction.

13. Costs

Respondent shall bear all costs of complying with this Order.

14. Violation of Probation

If Respondent is noncompliant with this Order in any respect, the Board or its designee may notify Respondent's employer of the noncompliance. Additionally, the Board may revoke probation and take further disciplinary action for noncompliance with this Order after affording Respondent notice and the opportunity to be heard. If a complaint or petition to revoke probation is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

15. Voluntary Surrender of License

Respondent may, at any time this Order is in effect, voluntarily request surrender of her license.

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16. Completion of Probation

Respondent is not eligible for early termination of this Order. Upon successful completion of the terms of the Order, Respondent shall request formal review by the Board, and after formal review by the Board, Respondent's nursing license may be fully restored by the appropriate Board action if compliance with this Order has been demonstrated.

SEAL

ARIZONA STATE BOARD OF NURSING

Joey Ridenour R.N. M.N. F.A.A.N.

Joey Ridenour, R.N., M.N., F.A.A.N.
Executive Director

Dated: August 4, 2009

JR/ah:ts

Signed in the Board Office this 1st day of October, 2009.

Yujun Jane Lao
11321 W Tonto St
Avondale, AZ 85323

By: Trina Smith
Legal Secretary